

18/561388

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101561388

APPLICANT(S)

10/10/07

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/					51					
2	/		/					52					
3	/		/					53					
4	/		/					54					
5	/		/					55					
6	/		/					56					
7	/		/					57					
8	/		/					58					
9	/		/					59					
10	/		/					60					
11	/		/					61					
12	/		/					62					
13	/		/					63					
14	/		/					64					
15	/		/					65					
16								66					
17								67					
18								68					
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37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	/		/		/			TOTAL IND.					
TOTAL DEP.	14	←	14	←	14	←		TOTAL DEP.					
TOTAL CLAIMS	15		15		15			TOTAL CLAIMS					